



PATIENT

Scout Sinnott

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

7 Years

WEIGHT

87 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Shannon Matthes,
DVM

HOSPITAL NAME

Saugerties Animal
Hospital

REFERRING VET

Crystal Winkler, DVM

INVOICE

72682

DATE

2/4/26

PRESENTING CLINICAL SIGNS

Anorexia x 3 days (last ate evening of 2/1, not drinking on own). Vomiting several days ago, no vomiting since 9am on 2/2 but no longer eating. No known dietary indiscretion this time, but has a history of eating cloth material

Abnormal PE/Chem/CBC/UA Results: PE - painful abdomen, dehydration, lethargy CBC 2/2 results- hemoconcentration, mild lymphopenia Chem 2/2 results - hypokalemia (3.2), hypochloremia (108), elevated Alk Phos (653), hyperproteinemia (increased albumin, globulin)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is unable to be visualized in these images.

The right kidney is normal is size (7.7 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (8.0 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is moderately overdistended with fluid and a large amount of echogenic linear intraluminal densities with strong acoustic shadow, concerning for foreign material/foreign object or objects. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the proximal small bowel medial to the right kidney/suspect duodenum is similarly fluid distended with similar appearing shadowing intraluminal material. Elsewhere throughout the abdomen, in one view in the caudal abdomen just cranial to the urinary bladder, is another area of strong acoustic shadow within suspect small bowel. Some small bowel is fluid distended without shadowing, other small bowel is empty.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is trace free fluid and enhanced hyperechoic mesenteric fat primarily in the cranial abdomen adjacent to the stomach.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Suspect gastric foreign material or foreign bodies as well as potentially multifocal small bowel foreign objects, with a concerning obstructive pattern involving the stomach and small bowel.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As soon as patient is stable enough to undergo surgery, an exploratory laparotomy for further evaluation and removal of the suspected foreign object(s) is recommended.





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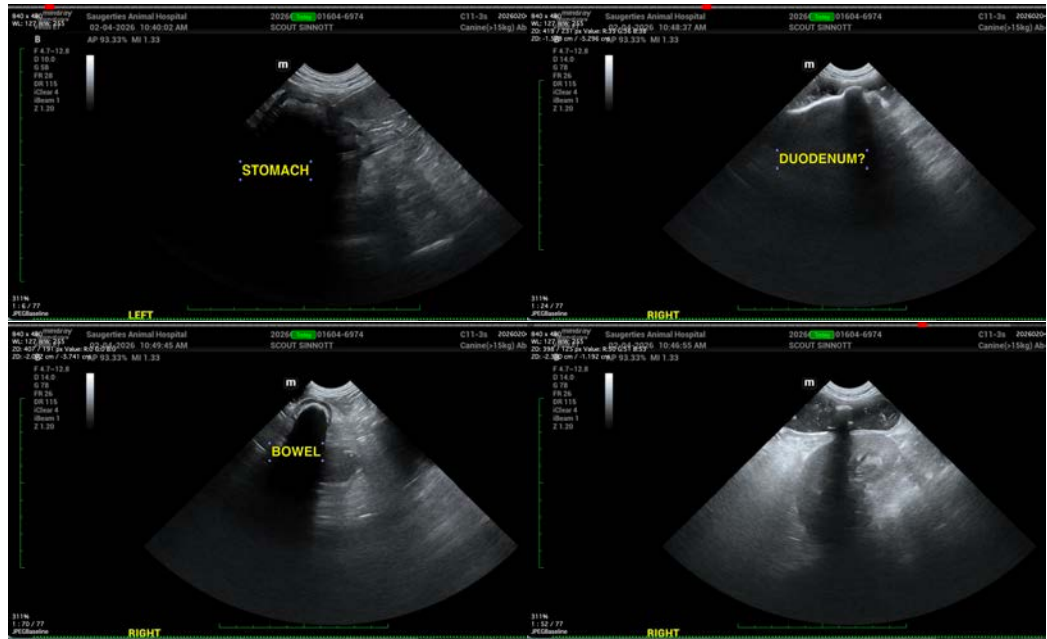
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Beth Johnson, DVM, DACVIM
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